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CONFIRMATION NO. 4490

Bib Data Sheet

SERIAL NUMBER 09/501,876	FILING OR 371(c) DATE 02/10/2000 RULE	CLASS 424	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 163.1173US11
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/257,086 02/24/1999 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/24/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Color stable hypochlorous sanitizer and methods

FILING FEE RECEIVED 2188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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